**FEC** 

## **STATEMENT OF**

FORM 1	ORGANIZ	ATION		
i Oitim i	(See instruct	ions)		Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	1 1
MCKESSON C	ORPORATION EMPLOYEES PO	DLITICAL FUND		
		11111111		
ADDRESS (number and s	ONE POST STREET	r 		
(Check if address	32nd Floor		<u> </u>	1111111
is changed)	SAN FRANCISCO		CA	94101   -
		CITY▲	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one			
(Check if address is changed)	maribel.mallari@m	ckesson.com		
<b>.</b>				
COMMITTEE'S WEB I	PAGE ADDRESS (URL)			
(Check if address			<u> </u>	11111111
is changed)			1 1 1 1 1 1 1	
2. DATE 05	/ D D / Y Y Y Y Y Y Z O 1 1			
3. FEC IDENTIFICA		C C00108035		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A	<b>.</b> )	
I certify that I have examin	ned this Statement and to the best of my kr	nowledge and belief it is true. corr	ect and complete	
,	·	-		
Type or Print Name of	Treasurer Mr. Frank Starr	1		
Signature of Treasurer	Electronically Filed by Mr. Fran	k Starn	Date 05	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information m	ay subject the person signing this	•	
Office		For further informa		
Use Only		Federal Election Cor Toll Free 800-424-9	mmission	FEC FORM 1 (Revised 02/2009)

	I	FEC F	Form 1 (Revised 02/2009)	Page 2				
5.			OMMITTEE (Check One) Committee:					
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete tinformation below.)	he candidate				
	Name Candi		l <u>.                                    </u>					
	Candi Party	idate Affiliati	Office Sought: House Senate President	State District				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Candi							
	Party	Comm						
	(d)		(National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.				
	Political Action Committee (PAC):							
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:				
			X Corporation Corporation w/o Capital Stock La	bor Organization				
			Membership Organization Trade Association Co	poperative				
	(f)	(f)	χ In addition, this committee is a Lobbyist/Registrant PAC.					
	(1)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d fund or party				
			In addition, this committee is a Lobbyist/Registrant PAC.					
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	Joint Fundraising Representative:							
	(g)	Ш	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political				
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
		Com	mittees Participating in Joint Fundraiser					
			1. FEC ID number					
			2. FEC ID number					
			3. FEC ID number					
			.   FEC ID number   C					

Title or Position ♥

**Treasurer** 

	ed 02/2009)		Page 3
Write or Type Committee Na			
MCKESSON CORPO	DRATION EMPLOYEES POLITICAL FUND		
-	d Organization, Affiliated Committee, Joint Fundraising	Representative, or Leadersh	ip PAC Sponsor
MCKESSON CORPO	RATION EMPLOYEES POLITICAL FUND		
Mailing Address	ONE POST STREET		
	32nd Floor		
	SAN FRANCISCO	ÇA	94101
	CITY	STATE A	ZIP CODE
Relationship:  X Connected Organiza	Affiliated Committee Joint Fundra	ising Representative Le	eadership PAC Sponsor
7. Custodian of Records:	Identify by name, address, (phone number option	onal), and position of the p	erson in
possession of Commi	Identify by name, address, (phone number option ttee books and records.  C Advocacy PAC Services	onal), and position of the p	erson in
possession of Commi	ttee books and records.	onal), and position of the p	erson in
possession of Commi	ttee books and records.  C Advocacy PAC Services	onal), and position of the p	erson in
possession of Commi	ttee books and records.  C Advocacy PAC Services  174 Waterfront Street	onal), and position of the p	erson in
possession of Committee  Full Name  Mailing Address  Title or Position	ttee books and records.  C Advocacy PAC Services  174 Waterfront Street  Suite 500  National Harbor  CITY A		
possession of Committee  Full Name  Mailing Address  Title or Position	ttee books and records.  C Advocacy PAC Services  174 Waterfront Street  Suite 500  National Harbor  CITY A	MDSTATE&	20745
possession of Committee  Full Name  Mailing Address  Title or Position  Cutod  Treasurer: List the na	ttee books and records.  C Advocacy PAC Services  174 Waterfront Street  Suite 500  National Harbor  CITY A	MD STATE A shone number 301 -	20745
possession of Commit Full Name  Mailing Address  Title or Position  Cutod  Treasurer: List the nate and address of Full Name	ttee books and records.  C Advocacy PAC Services  174 Waterfront Street  Suite 500  National Harbor  CITY A  ian of Records  Telep  time and address (phone number optional) of the	MD STATE A shone number 301 -	20745

San Francisco

CITY A

94104 \_

983

ZIP CODE A

7601

CA

**STATE** ▲

Telephone number

415

	FEC Form 1	(Revised 02	2/2009)			Page <b>4</b>
	Full Name of Designated Agent	-	Ann Berkey			
Mailing Address		One F	Post Street, Suite 3200			
			San F	rancisco	CA	94104
	Title or Position ▼			CITY A	STATE A	ZIP CODE A
	A	ssistant T	reasurer	Te	lephone number	_ –
9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds account safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  Comerica Bank				olds accounts, rents		
	Mailing Address		PO Box 75000			
			MC 2250			
			Detroit		MI [	48275   _
				CITY 🛕	STATE. <b>△</b>	ZIP CODE 🛕
	Name of Bank, De	epository, etc				
	Mailing Address					
				CITY 🗖	STATE <b>⊿</b>	ZIP CODE 🛕

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committed funds	ee deposits funds, ho	lds accounts, rents
Name of Bank, Depository, etc.	, rando.		[ ADDITIONAL ]
Mailing Address			
	CITY 🛕	STATE <b>△</b>	ZIP CODE 🛕
Name of Any Connected Organ	nization, Affiliated Committee, Joint Fundraising Repr	esentative, or Leade	[ ADDITIONAL ] ership PAC Sponsor
Mailing Address	10101 Woodloch Forest Drive		
	The Woodlands		77380
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Repr	resentative Lea	adership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
	Telephoi	ne number	
Joint Fundraiser Participant			[ ADDITIONAL ]
	FE0	C ID number	